

Inspection Log for Wastewater Retention Tank System

Tank System _____ **Building Number** _____

Instructions: Enter checks in boxes, **except** enter your initials where corrective action is needed, and NA where the item is not applicable. Complete the **corrective action section** below.

Inspection date					
Valves					
1. Valve positions are correct					
2. Pumpout and berm valves are locked					
Overfill protection					
3. Remaining capacity is adequate					
4. High-level alarms are working					
5. Cross-connects and vents are open					
6. Berms are leak tight					
7. Secondary containment is dry					
Electrical system					
8. Circuitry is protected from water					
9. Indicator lights are working					
10. Leak and level sensors are working					
11. Automated controls are working					
Safety					
12. Slip and fall hazards are controlled					
13. PPE is available					
System condition					
14. Plastic parts are not deteriorated					
15. Good housekeeping is evident					
16. No evidence of leaks or spills					
Labeling					
17. Tank labels identify waste type					
18. Piping indicates flow direction					
19. Valves have unique identification					
Certification					
20. Electrical components, past year					
21. Containment/structural, past year					
System procedures					
22. Operational plan is current					
Inspector name—printed					
Inspector name—signature					

Corrective actions

Item number	Date	Describe the problem and suggested actions	Describe the actions completed	Corrected by	Date action completed